

Purpose This five-item, visual analogue scale was designed as an outcome measure for assessing the perception of sleep in critically ill patients [1]. The scale evaluates perceptions of depth of sleep, sleep onset latency, number of awakenings, time spent awake, and overall sleep quality.

Population for Testing The scale has been validated in a population of critical care patients between the ages of 55 and 79 years.

Administration The scale is a self-report, paper-and-pencil measure requiring approximately 2 min for completion. Developers chose a visual analogue format to minimize the physical exertion and manual dexterity required to complete the scale [1]. Richards and colleagues also recommend that the directions and scale items should be read aloud to respondents as initial testing suggested that patients tended to experience some difficulties when no assistance was given.

Reliability and Validity In a psychometric evaluation of the RCSQ [1], researchers found an internal consistency of .90 and demonstrated that scores on the scale have a correlation of .58 with the same sleep variables as measured by PSG.

Obtaining a Copy A copy of the scale's items can be found in the original article published by developers [1].

Scoring For each item, respondents are given a visual analogue scale and are asked to place a mark on the line indicating where their own experiences fit between two extremes (for example, the degree to which they received a “good night’s sleep” or “a bad night’s sleep”). Scale lines extend from 0 to 100 mm, and scores are calculated by measuring where responses fall on each line. A total score is obtained by summing each score out of 100 and dividing the total by five. Lower scores indicate a poorer quality of sleep.

Richards Campbell Sleep Questionnaire

Code Number _____ Date _____

Each of these questions is answered by placing an “X” on the answer line. Place your “X” **anywhere** on the line that you feel **best** describes your sleep last night. The following are examples of the type of questions you are to answer.

EXAMPLE A

Right now I feel:

Very Sleepy X _____ Not sleepy at all

If you were very sleepy, you would place an “X” as is shown at the beginning of the line next to the words “**Very Sleepy**.”

EXAMPLE B

Right now I feel:

Very Sleepy _____ Not sleepy at all

If you were somewhat sleepy, you would place an “X” near the center of the line. Mark the answer line near the center to indicate the answer “**Somewhat Sleepy**.”

EXAMPLE C

Right now I feel:

Very Sleepy _____ Not sleepy at all

If you were not sleepy at all, you would place an “X” at the end of the line next to the words “**Not Sleepy At All**.”

Please turn to the next page

You are now ready to begin to answer the questions. Place your “X” anywhere on the answer line that you feel **best** describes your sleep last night.

1. My sleep last night was:



2. Last night, the first time I got to sleep, I:



3. Last night I was:



4. Last night, when I woke up or was awakened, I:



5. I would describe my sleep last night as:



Richards Campbell Sleep Questionnaire

Scoring Directions

1. Scores may range from 0 (indicating the worst possible sleep) to 100 (indicating the best sleep).

100 _____ 0

2. A score for each question is given based on the length of the line in millimeters from the 0 point to the cross of the patient’s “X”.
3. The Total Sleep Score is derived by adding the individual scores for each question and dividing by five.

Reference

1. Richards, K. C., O'Sullivan, P. S., & Phillips, R. L. (2000). Measurement of sleep in critically ill patients. *Journal of Nursing Measurements*, 8(2), 131–144.

Bourne, R. S., Mills, G. H., & Minelli, C. (2008) Melatonin therapy to improve nocturnal sleep in critically ill patients: encouraging results from a small randomised controlled trial. *Critical Care*, 12(2), R52.

Representative Studies Using Scale

Nicholás, A., Aizpitarte, E., Irruizaraga, A., Vázquez, M., Margall, A., & Asiaín, C. (2008). Perception of night-time sleep by surgical patients in an intensive care unit. *Nursing in Critical Care*, 13(1), 25–33.

Note: It should be noted that a once off use of a visual analogue scale is highly suspect. When used on a reported basis for a single subject it can be very informative.